## STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy
Statement on Reverse Side

		262 (REV 6/93)	and the terms	•	Statem	ent on Re	verse S	ide			1				
						Pag						of		Pages	
CLAIMANT'S NAME Phyllis W. Cheng						SSAN OR EMPLOYEE NUMBER* DEPAR									
POSITIO		eng  CB/ID NUMBER		***************************************	DIVISION	I OB BIJD	= 11	**************************************		DFEH			INDEX NUM	ADED	
<b>l</b> †						DIVISION OR BUREAU							INDEX NON	IBER	
Director Exempt RESIDENCE ADDRESS*					Executive HEADQUARTERS ADDRESS						×400		TELEDHON	IE NUMBER	
						2218 Kausen Drive							1		
						ICITY STATE						916-478-7250 ZIP CODE			
		CA				Elk Grove CA					95758				
(1)MONT	H/YEAR	(3)	(4)	(5)	MEALS	Ove	(6)	<del>,</del>	RANSE	PORTATIO	N	30730	(8)	(9)	
April 2	010	LOCATION			T	T	(-)	(A)	(B)	(C)	(D)	erennaut womanggerunder.	1 1		
(2)	.010	LOCATION WHERE EXPENSES	LODGING	BREAK-		O.T., L/T	INCIDEN	COST OF	TYPE	CARFARE TOLLS,	DONATE	CAR USE	BUSINESS	TOTAL	
. ,		WERE INCURRED	LODGING	FAST	LUNCH	OR	TALS	TRANS	USED	PARKING	PRIVATE	CARUSE	EXPENSE	EXPENSES FOR DAY	
DATE	TIME					DINNER					MILES	AMOUNT			
04/06	0800-1500	Los Angeles							рс	9.00	31	15.50		24.50	
04/08	0800-1000	Sacramento							sc						
04/13	1300-1500	Sacramento							sc	12.00				12.00	
04/14	1400-1600	Sacramento							sc	2.50				2.50	
04/16	0900-1200	Los Angeles							рс	8.00	5 .	2.50		10.50	
04/20	1500-1700	Sacramento		Technology who	-				sc	2.50	7			2.50	
04/23	1000-1200	Los Angeles					1		В	2.50				2.50	
*****	<del></del>	San Diego/Santa Ana						1	рс		/282	141.00		141.00	
		Sacramento				<b>-</b>			sc	24.00				24.00	
	<del></del>	Walnut Creek							sc	5.00				5.00	
														0.00	
	<u> </u>							<del>                                     </del>	<b> </b>						
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***************************************										Machine Market M					
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10)	SUBT	OTALS							Species management	65.50	318	174.90		224.50	
· .		DE (ACCTG USE ONL	Ι Υ)							00.00	010	174.50		224.50	
		I TOTAL		L	L			<u> </u>					\$	224.50	
11) PUI			TAILS (at	tach rece	ipts/vouc	chers whe	n reguir	ed)			(12) NO	DRMAL W	ORK HOU		
11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)  All airfare paid by employee at her own private expense.											0800-1700				
			ef Counsel & Assoc Dep Dir at airport)					ort)	(13) PRIVATE VEHICLE LICENSE NBR.						
		eeting - Agency	and the second s						6ATW241						
-		diciary Committee - SB							(14) MILEAGE RATE CLAIMED						
		/CA commission on Sta			ERA &	ELC			·······			.5			
THE PERSON NAMED IN		on at State Bar Fair Ho					nent A	ssociatio	n n		AGEN	ICY AC	COUNTI	NG OFFICE	
6: DF	EH Distri	ct Office visit 28: Webi	nar prese	ntation -	CA Apa	artment /	Assoc (	7.50 & 16	3.50)			U	ISE ONL	Υ	
:9: Me	eting - I	NCERT Steering Comm	nittee 4	/20 Go	vernor's	s Office	- deliv	er award			PAID BY	' REVOLVII	NG FUND CI	HECK NBR.	
		ERTIFY That the above is a													
		the service of the State of Ca um rate, I certify that the cos													
		et the requirements as presc													
		seat belt usage.	,		7 /			<i>*</i>	,	~					
LATTIA	חום פורו	NATURE	DATE		(16) SIGN	ATURE O	OFFICE	APPROV	ANG TE	AVEL ANI	D PAYME	ENT	DATE	<del></del>	
	INI DIO	INÚ I OLIT		. 1						<u> </u>			PVIE	Mach	
			6/24										. (	6/25/1	
7.)SP	ECIAL E	EXPENSE AUTHORIZATION	ON-SIGN.	ATURE	and TIT	LE (See	Item 1	7 on reve	rse)				DATE	7	